

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Baxter Healthcare Political Action Committee

ADDRESS (number and street)

1501 K Street, NW

Suite 375

☐Check if different
than previously
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00117838

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

03

01

2010

through

03

31

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sarah Creviston

Signature of Treasurer

Electronically Filed by Sarah Creviston

Date

04

16

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M M
0 3D D
0 1Y Y Y Y
2 0 1 0

To:

M M
0 3D D
3 1Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		41228.05
(b) Cash on Hand at Beginning of Reporting Period	67525.36	
(c) Total Receipts (from Line 19)	13524.34	39821.65
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	81049.70	81049.70
7. Total Disbursements (from Line 31)	41000.00	41000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	40049.70	40049.70
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

Baxter Healthcare Political Action Committee

Report Covering the Period:

From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	9359.41	18663.43
(ii) Unitemized	4164.93	21158.22
(iii) TOTAL (add Lines 11(a)(i) and (ii)	13524.34	39821.65
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	13524.34	39821.65
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	13524.34	39821.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13524.34	39821.65

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41000.00	41000.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	41000.00	41000.00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	41000.00	41000.00	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	13524.34	39821.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13524.34	39821.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joy A. Amundson

Mailing Address 110 W. Onwentsia Road
DF1-2W

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Cvp, President Bioscience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1353.86

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-52

Amount of Each Receipt this Period

230.77

B.

Full Name (Last, First, Middle Initial)

Joy A. Amundson

Mailing Address 110 W. Onwentsia Road
DF1-2W

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Cvp, President Bioscience

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1353.86

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-52

Amount of Each Receipt this Period

230.77

C.

Full Name (Last, First, Middle Initial)

Peter J. Arduini

Mailing Address 1059 Warrington Road

City State Zip Code
Deerfield IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Cvp, Pres Medication Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-57

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

561.54

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Peter J. Arduini

Mailing Address 1059 Warrington Road

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Cvp, Pres Medication Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-57

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Robert H. Armstrong

Mailing Address 133 Manchester Drive

City

Waukesha

State

WI

Zip Code

53188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, R&D Medical Devices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-60

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Robert H. Armstrong

Mailing Address 133 Manchester Drive

City

Waukesha

State

WI

Zip Code

53188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, R&D Medical Devices

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-60

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Donald Arthur Baker

Mailing Address 286 Whitworth

City

Thousand Oaks

State

CA

Zip Code

91360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP li, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.74

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-158

Amount of Each Receipt this Period

69.79

B.

Full Name (Last, First, Middle Initial)

Donald Arthur Baker

Mailing Address 286 Whitworth

City

Thousand Oaks

State

CA

Zip Code

91360

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP li, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.74

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-158

Amount of Each Receipt this Period

69.79

C.

Full Name (Last, First, Middle Initial)

Michael J. Baughman

Mailing Address 5343 N Lakewood Avenue

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

Cvp, Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-166

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

239.58

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael J. Baughman

Mailing Address 5343 N Lakewood Avenue

City

Chicago

State

IL

Zip Code

60640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

Cvp, Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-166

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Edwin A. Betancourt-Morales

Mailing Address 101 N E 3rd Avenue, Ste 1600

City

Ft Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Export Corporation

Occupation

VP, Mfg Latin America

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.52

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-187

Amount of Each Receipt this Period

43.92

C.

Full Name (Last, First, Middle Initial)

Edwin A. Betancourt-Morales

Mailing Address 101 N E 3rd Avenue, Ste 1600

City

Ft Lauderdale

State

FL

Zip Code

33301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Export Corporation

Occupation

VP, Mfg Latin America

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

263.52

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-187

Amount of Each Receipt this Period

43.92

SUBTOTAL of Receipts This Page (optional)

187.84

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

William P. Botha

Mailing Address 2225 Robinson Street

City

Redondo Beach

State

CA

Zip Code

90278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-50

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

William P. Botha

Mailing Address 2225 Robinson Street

City

Redondo Beach

State

CA

Zip Code

90278

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-50

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Susan K. Brown

Mailing Address 917 Geneva St

City

Glendale

State

CA

Zip Code

91207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Plant Manager li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.78

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-19

Amount of Each Receipt this Period

58.13

SUBTOTAL of Receipts This Page (optional)

208.13

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan K. Brown

Mailing Address 917 Geneva St

City

Glendale

State

CA

Zip Code

91207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Plant Manager li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.78

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-19

Amount of Each Receipt this Period

58.13

B.

Full Name (Last, First, Middle Initial)

Sebastian J. Bufalino

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

VP, Corporate Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.76

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-180

Amount of Each Receipt this Period

51.96

C.

Full Name (Last, First, Middle Initial)

Sebastian J. Bufalino

Mailing Address 1091 Pine Meadow Ct

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

VP, Corporate Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.76

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-180

Amount of Each Receipt this Period

51.96

SUBTOTAL of Receipts This Page (optional)

162.05

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Donna Campagna

Mailing Address 30922 St Andrews Drive

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, Information Technology

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-39

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Edward M. Conrad

Mailing Address 113 S Waverly Pl

City

Mt Prospect

State

IL

Zip Code

60056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

Dir, Tax

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

232.20

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-164

Amount of Each Receipt this Period

38.70

C.

Full Name (Last, First, Middle Initial)

Sarah L. Creviston

Mailing Address 23 Wynstone Way

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, Government Affairs

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

619.26

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-146

Amount of Each Receipt this Period

103.21

SUBTOTAL of Receipts This Page (optional)

181.91

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 47

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Sarah L. Creviston

Mailing Address 23 Wynstone Way

City

North Barrington

State

IL

Zip Code

60010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

619.26

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-146

Amount of Each Receipt this Period

103.21

B.

Full Name (Last, First, Middle Initial)

Margarita Cruz-casse

Mailing Address Calle Guama #70 Mansiones Los Cedr

City

Cayey

State

PR

Zip Code

00736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.48

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-196

Amount of Each Receipt this Period

50.08

C.

Full Name (Last, First, Middle Initial)

Margarita Cruz-casse

Mailing Address Calle Guama #70 Mansiones Los Cedr

City

Cayey

State

PR

Zip Code

00736

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.48

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-197

Amount of Each Receipt this Period

50.08

SUBTOTAL of Receipts This Page (optional)

203.37

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert M. Davis

Mailing Address 21515 Hummingbird Court

City

Kildeer

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
Cvp, CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1015.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-167

Amount of Each Receipt this Period

173.08

B.

Full Name (Last, First, Middle Initial)

Robert M. Davis

Mailing Address 21515 Hummingbird Court

City

Kildeer

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
Cvp, CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1015.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-167

Amount of Each Receipt this Period

173.08

C.

Full Name (Last, First, Middle Initial)

Scot J. Deathos

Mailing Address 28461 Hidden Hills Blvd

City

Saugus

State

CA

Zip Code

91390

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Plant Mgr li

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.32

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-104

Amount of Each Receipt this Period

37.72

SUBTOTAL of Receipts This Page (optional)

383.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Scott A. Ehrmantraut

Mailing Address 7655 168th ave se

City

mooreton

State

ND

Zip Code

58061

FEC ID number of contributing
federal political committee.

C

Name of Employer
BioLife Plasma L.L.C.

Occupation

Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-194

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Scott A. Ehrmantraut

Mailing Address 7655 168th ave se

City

mooreton

State

ND

Zip Code

58061

FEC ID number of contributing
federal political committee.

C

Name of Employer
BioLife Plasma L.L.C.

Occupation

Director, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-194

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Paul D. Estrem

Mailing Address 325 Clarewood Circle

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, Fin & Strat Initiatives

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-47

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Paul D. Estrem

Mailing Address 325 Clarewood Circle

City

Grayslake

State

IL

Zip Code

60030

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, Fin & Strat Initiatives

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-47

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Camille I. Farhat

Mailing Address 1052 Warrington Road

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

GM, Bpt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-65

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Camille I. Farhat

Mailing Address 1052 Warrington Road

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

GM, Bpt

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-65

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Valery E. Gallagher

Mailing Address 14334 Spring Meadow Court

City State Zip Code
 Green Oaks IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.58

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-72

Amount of Each Receipt this Period

71.93

B.

Full Name (Last, First, Middle Initial)

Valery E. Gallagher

Mailing Address 14334 Spring Meadow Court

City State Zip Code
 Green Oaks IL 60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

431.58

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-72

Amount of Each Receipt this Period

71.93

C.

Full Name (Last, First, Middle Initial)

James M. Gatling

Mailing Address 391 Sherbrooke Court

City State Zip Code
 Crystal Lake IL 60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Cvp, Global Manufacturing Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

946.92

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-17

Amount of Each Receipt this Period

160.38

SUBTOTAL of Receipts This Page (optional)

304.24

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

James M. Gatling

Mailing Address 391 Sherbrooke Court

City

Crystal Lake

State

IL

Zip Code

60012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Cvp, Global Manufacturing Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

946.92

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-17

Amount of Each Receipt this Period

160.38

B.

Full Name (Last, First, Middle Initial)

Arthur J. Gibson

Mailing Address 3775 Riverly Trace

City

Marietta

State

GA

Zip Code

30067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-61

Amount of Each Receipt this Period

53.17

C.

Full Name (Last, First, Middle Initial)

Arthur J. Gibson

Mailing Address 3775 Riverly Trace

City

Marietta

State

GA

Zip Code

30067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.02

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-61

Amount of Each Receipt this Period

53.17

SUBTOTAL of Receipts This Page (optional)

266.72

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Susan C. Gould

Mailing Address 760 Oakwood Ave

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Sr Dir, Clinical Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-112

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Susan C. Gould

Mailing Address 760 Oakwood Ave

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Sr Dir, Clinical Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-112

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Lawrence P. Guiheen

Mailing Address 1653 Vista Oaks Way

City

Westlake Vilage

State

CA

Zip Code

91361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

President, Biopharmaceuticals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-7

Amount of Each Receipt this Period

35.00

SUBTOTAL of Receipts This Page (optional)

135.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Lawrence P. Guiheen

Mailing Address 1653 Vista Oaks Way

City

Westlake Village

State

CA

Zip Code

91361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

President, Biopharmaceuticals

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-7

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Andrew C. Hayes

Mailing Address 1620 Timber Woods Lane

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Sr Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.32

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-88

Amount of Each Receipt this Period

64.22

C.

Full Name (Last, First, Middle Initial)

Andrew C. Hayes

Mailing Address 1620 Timber Woods Lane

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Sr Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

385.32

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-88

Amount of Each Receipt this Period

64.22

SUBTOTAL of Receipts This Page (optional)

163.44

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Irene P. Jakimcius

Mailing Address 2208 Wesley Ave.

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.94

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-171

Amount of Each Receipt this Period

81.99

B.

Full Name (Last, First, Middle Initial)

Irene P. Jakimcius

Mailing Address 2208 Wesley Ave.

City

Evanston

State

IL

Zip Code

60201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

Assoc General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

491.94

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-171

Amount of Each Receipt this Period

81.99

C.

Full Name (Last, First, Middle Initial)

Michael T. Jennings

Mailing Address 130 W Lincoln Ave

City

Libertyville

State

IL

Zip Code

60048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Sr Dir, Strategy & Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.76

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-147

Amount of Each Receipt this Period

38.46

SUBTOTAL of Receipts This Page (optional)

202.44

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rob C. Keeley

Mailing Address 22606 Bridle

City

Kildeer

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, Hd/Crrt Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-129

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Rob C. Keeley

Mailing Address 22606 Bridle

City

Kildeer

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, Hd/Crrt Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-129

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Jane E. Kiernan

Mailing Address 525 West Roscoe , #3W

City

Chicago

State

IL

Zip Code

60657-3540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

General Manager, Iv Therapy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-37

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Richard L. Kirkendall

Mailing Address One Baxter Parkway

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP Quality, Medication Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	1	0

Transaction ID: 20100414135713-131

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

Richard L. Kirkendall

Mailing Address One Baxter Parkway

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP Quality, Medication Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	1	0

Transaction ID: 20100414135728-131

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Marie G. Kissel

Mailing Address 1 Baxter Pkwy c/o Gerald Lema
C/O Gerald Lema

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter World Trade Corpora-
tion

Occupation

Away on Assignment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.76

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	1	0

Transaction ID: 20100414135713-183

Amount of Each Receipt this Period

76.46

SUBTOTAL of Receipts This Page (optional)

226.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Marie G. Kissel

Mailing Address 1 Baxter Pkwy c/o Gerald Lema
C/O Gerald Lema

City State Zip Code
Deerfield IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter World Trade Corpor-
ation

Occupation
Away on Assignment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.76

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-183

Amount of Each Receipt this Period

76.46

B.

Full Name (Last, First, Middle Initial)

Edward (Ted) A. Langan

Mailing Address 450 East Waterside Drive Unit 1702
Unit 1702

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP li, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-3

Amount of Each Receipt this Period

75.00

C.

Full Name (Last, First, Middle Initial)

Edward (Ted) A. Langan

Mailing Address 450 East Waterside Drive Unit 1702
Unit 1702

City State Zip Code
Chicago IL 60601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP li, Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-3

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional)

226.46

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Timothy P. Lawrence

Mailing Address 876 Writer CT

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP Manufacturing Med Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-141

Amount of Each Receipt this Period

58.10

B.

Full Name (Last, First, Middle Initial)

Timothy P. Lawrence

Mailing Address 876 Writer CT

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP Manufacturing Med Delivery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.60

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-141

Amount of Each Receipt this Period

58.10

C.

Full Name (Last, First, Middle Initial)

Raymond J. Linder

Mailing Address 246 Montclair Road

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, HR - Mfg/Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.76

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-43

Amount of Each Receipt this Period

46.68

SUBTOTAL of Receipts This Page (optional)

162.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Raymond J. Linder

Mailing Address 246 Montclair Road

City

Vernon Hills

State

IL

Zip Code

60061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, HR - Mfg/Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.76

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-43

Amount of Each Receipt this Period

46.68

B.

Full Name (Last, First, Middle Initial)

Ronald K. Lloyd

Mailing Address 1694 Falling Star Ave.

City

Westlake Village

State

CA

Zip Code

91362

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Vpgm Biotherapeutic & Regn Med

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-41

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Ronald K. Lloyd

Mailing Address 1694 Falling Star Ave.

City

Westlake Village

State

CA

Zip Code

91362

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Vpgm Biotherapeutic & Regn Med

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-41

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

146.68

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael E. Martin

Mailing Address 10680 Red Leaf Circle

City

Lakewood

State

IL

Zip Code

60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP I, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-24

Amount of Each Receipt this Period

78.40

B.

Full Name (Last, First, Middle Initial)

Michael E. Martin

Mailing Address 10680 Red Leaf Circle

City

Lakewood

State

IL

Zip Code

60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP I, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

470.40

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-24

Amount of Each Receipt this Period

78.40

C.

Full Name (Last, First, Middle Initial)

Jeanne K. Mason

Mailing Address 1760 Duffy Lane

City

Bannockburn

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

Cvp, Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-174

Amount of Each Receipt this Period

175.00

SUBTOTAL of Receipts This Page (optional)

331.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeanne K. Mason

Mailing Address 1760 Duffy Lane

City

Bannockburn

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

Cvp, Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.08

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-174

Amount of Each Receipt this Period

175.00

B.

Full Name (Last, First, Middle Initial)

Michael J. McAndrew

Mailing Address 795 Foxmoor

City

Lake Zurich

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Dir, Quality

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

214.08

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-100

Amount of Each Receipt this Period

35.68

C.

Full Name (Last, First, Middle Initial)

Bruce McGillivray

Mailing Address 151 Ridge Lane

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Cvp, Pres Renal

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

986.94

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-132

Amount of Each Receipt this Period

167.31

SUBTOTAL of Receipts This Page (optional)

377.99

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bruce McGillivray

Mailing Address 151 Ridge Lane

City

Lake Forest

State

IL

Zip Code

60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Cvp, Pres Renal

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

986.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	1	0

Transaction ID: 20100414135728-132

Amount of Each Receipt this Period

167.31

B.

Full Name (Last, First, Middle Initial)

Kelli Mills Lester

Mailing Address 3140 creswell dr

City

falls church

State

VA

Zip Code

22044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Dir, Renal Federal Leg Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	1	0

Transaction ID: 20100414135728-114

Amount of Each Receipt this Period

40.00

C.

Full Name (Last, First, Middle Initial)

Michael Murphy

Mailing Address 340 E Scranton Ave
One Baxter Parkway

City

Lake Bluff

State

IL

Zip Code

60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, Corporate Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	5	/	2	0	1	0

Transaction ID: 20100414135713-71

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

257.31

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michael Murphy

Mailing Address 340 E Scranton Ave
One Baxter Parkway

City State Zip Code
Lake Bluff IL 60044

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP, Corporate Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-71

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Peter J. O'Malley

Mailing Address 791 Summit Avenue

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP, Business Alliances

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-157

Amount of Each Receipt this Period

45.00

C.

Full Name (Last, First, Middle Initial)

Peter J. O'Malley

Mailing Address 791 Summit Avenue

City State Zip Code
Lake Forest IL 60045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP, Business Alliances

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-157

Amount of Each Receipt this Period

45.00

SUBTOTAL of Receipts This Page (optional)

140.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Robert L. Parkinson

Mailing Address 1332 Edgewood Lane

City State Zip Code
 Northbrook IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3122.30

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-178

Amount of Each Receipt this Period

528.85

B.

Full Name (Last, First, Middle Initial)

Robert L. Parkinson

Mailing Address 1332 Edgewood Lane

City State Zip Code
 Northbrook IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation
Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3122.30

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-178

Amount of Each Receipt this Period

528.85

C.

Full Name (Last, First, Middle Initial)

Carla D. Pittman

Mailing Address 3933 Kenway Avenue

City State Zip Code
 Los Angeles CA 90008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.98

Date of Receipt

M M / D D / Y Y Y Y
 0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-134

Amount of Each Receipt this Period

56.33

SUBTOTAL of Receipts This Page (optional)

1114.03

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Carla D. Pittman

Mailing Address 3933 Kenway Avenue

City

Los Angeles

State

CA

Zip Code

90008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

337.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	1	0

Transaction ID: 20100414135728-134

Amount of Each Receipt this Period

56.33

B.

Full Name (Last, First, Middle Initial)

Virginia L. Pringle

Mailing Address 6655 Bobby Jones Ct

City

Palmetto

State

FL

Zip Code

34221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Mgr li, Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	1	0

Transaction ID: 20100414135728-31

Amount of Each Receipt this Period

33.45

C.

Full Name (Last, First, Middle Initial)

Janet L. Raciti

Mailing Address 19 Wimbledon Court

City

Lincolnshire

State

IL

Zip Code

60069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
Dir, Strategic Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	9	/	2	0	1	0

Transaction ID: 20100414135728-33

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

129.78

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 34 / 47

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David H. Resnicoff

Mailing Address 926 Valley Road

City

Glencoe

State

IL

Zip Code

60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

Assoc Gen Coun/VP Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.66

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-175

Amount of Each Receipt this Period

57.11

B.

Full Name (Last, First, Middle Initial)

David H. Resnicoff

Mailing Address 926 Valley Road

City

Glencoe

State

IL

Zip Code

60022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

Assoc Gen Coun/VP Compliance

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.66

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-175

Amount of Each Receipt this Period

57.11

C.

Full Name (Last, First, Middle Initial)

Roibin Ryan

Mailing Address 1419 W Berteau

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

Deputy Gen Counsel, Lit & Empl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.46

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-172

Amount of Each Receipt this Period

99.41

SUBTOTAL of Receipts This Page (optional)

213.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Roibin Ryan

Mailing Address 1419 W Berteau

City

Chicago

State

IL

Zip Code

60613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

Deputy Gen Counsel, Lit & Empl

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

596.46

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-172

Amount of Each Receipt this Period

99.41

B.

Full Name (Last, First, Middle Initial)

James K. Saccaro

Mailing Address Baxter Expat Admin PO Box 747
PO Box 747

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter World Trade Corpor-
ation

Occupation

Away on Assignment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.28

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-185

Amount of Each Receipt this Period

54.38

C.

Full Name (Last, First, Middle Initial)

James K. Saccaro

Mailing Address Baxter Expat Admin PO Box 747
PO Box 747

City

Deerfield

State

IL

Zip Code

60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter World Trade Corpor-
ation

Occupation

Away on Assignment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

326.28

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-185

Amount of Each Receipt this Period

54.38

SUBTOTAL of Receipts This Page (optional)

208.17

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David P. Scharf

Mailing Address 931 Oak Street

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

Cvp, Corp Secretary, Deputy Gc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	0

Transaction ID: 20100414135713-169

Amount of Each Receipt this Period

91.35

B.

Full Name (Last, First, Middle Initial)

David P. Scharf

Mailing Address 931 Oak Street

City

Winnetka

State

IL

Zip Code

60093

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

Cvp, Corp Secretary, Deputy Gc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.62

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	0

Transaction ID: 20100414135728-169

Amount of Each Receipt this Period

91.35

C.

Full Name (Last, First, Middle Initial)

Chandra Sekhar

Mailing Address 1621 Mission Hills Rd Unit 211
Unit 211

City

Northbrook

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP li, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	1	0

Transaction ID: 20100414135713-4

Amount of Each Receipt this Period

58.78

SUBTOTAL of Receipts This Page (optional)

241.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Chandra Sekhar

Mailing Address 1621 Mission Hills Rd Unit 211
Unit 211

City State Zip Code
Northbrook IL 60062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP li, Mfg Strategic Planning

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

352.68

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-4

Amount of Each Receipt this Period

58.78

B.

Full Name (Last, First, Middle Initial)

John P. Shannon

Mailing Address 432 Utley

City State Zip Code
Elmhurst IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP li, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.16

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-153

Amount of Each Receipt this Period

54.86

C.

Full Name (Last, First, Middle Initial)

John P. Shannon

Mailing Address 432 Utley

City State Zip Code
Elmhurst IL 60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP li, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

329.16

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-153

Amount of Each Receipt this Period

54.86

SUBTOTAL of Receipts This Page (optional)

168.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Donald J. Sullivan

Mailing Address 910 W Cypress Drive

City

Arlington Heights

State

IL

Zip Code

60005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

VP, Risk Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-162

Amount of Each Receipt this Period

40.00

B.

Full Name (Last, First, Middle Initial)

Karenann Terrell

Mailing Address 914 Queens Lanes

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

Cvp, Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-173

Amount of Each Receipt this Period

192.31

C.

Full Name (Last, First, Middle Initial)

Karenann Terrell

Mailing Address 914 Queens Lanes

City

Glenview

State

IL

Zip Code

60025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

Cvp, Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1153.86

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-173

Amount of Each Receipt this Period

192.31

SUBTOTAL of Receipts This Page (optional)

424.62

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Onelia Ann Vera

Mailing Address 619 Oleander Drive

City

Hallandale

State

FL

Zip Code

33009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-144

Amount of Each Receipt this Period

100.89

B.

Full Name (Last, First, Middle Initial)

Onelia Ann Vera

Mailing Address 619 Oleander Drive

City

Hallandale

State

FL

Zip Code

33009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Assistant General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.34

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-144

Amount of Each Receipt this Period

100.89

C.

Full Name (Last, First, Middle Initial)

Cheryl L. White

Mailing Address 4069 Mayfield Street

City

Newbury Park

State

CA

Zip Code

91320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Cvp, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

893.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-161

Amount of Each Receipt this Period

148.85

SUBTOTAL of Receipts This Page (optional)

350.63

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Cheryl L. White

Mailing Address 4069 Mayfield Street

City

Newbury Park

State

CA

Zip Code

91320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Cvp, Quality

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

893.10

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-161

Amount of Each Receipt this Period

148.85

B.

Full Name (Last, First, Middle Initial)

Kimberly A. White

Mailing Address 319 West Erie Street
Apt. 2E

City

Chicago

State

IL

Zip Code

60654-6753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter International Inc.

Occupation

VP, Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 4 / 2 0 1 0

Transaction ID: 6090A69280A0C05C0C2

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Deborah K. Williams

Mailing Address 3805 Fenchurch Rd

City

Baltimore

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Dir, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-93

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

448.85

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Deborah K. Williams

Mailing Address 3805 Fenchurch Rd

City

Baltimore

State

MD

Zip Code

21218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

Dir, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-93

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Vernon E. Williams

Mailing Address 1601 Wyndham Court

City

Santa Ana

State

CA

Zip Code

92705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-136

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Vernon E. Williams

Mailing Address 1601 Wyndham Court

City

Santa Ana

State

CA

Zip Code

92705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation

VP, Information Technology

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-136

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 47

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Subramaniam Yogendran

Mailing Address Baxter Healthcare Corp. One Baxter
One Baxter Parkway

City State Zip Code
Deerfield IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP, U.S. Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-108

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Subramaniam Yogendran

Mailing Address Baxter Healthcare Corp. One Baxter
One Baxter Parkway

City State Zip Code
Deerfield IL 60015

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP, U.S. Supply Chain

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 1 0

Transaction ID: 20100414135728-108

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Mahshid R. Zahed

Mailing Address 400 Village Green Drive Unit 106
Unit 301

City State Zip Code
Lincolnshire IL 60069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tion

Occupation
VP, Quality Gis

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 0 5 / 2 0 1 0

Transaction ID: 20100414135713-109

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 47

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mahshid R. Zahed

Mailing Address 400 Village Green Drive Unit 106
Unit 301

City	State	Zip Code
Lincolnshire	IL	60069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baxter Healthcare Corpora-
tionOccupation
VP, Quality Gis

Receipt For:

☐ Primary
 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	0

Transaction ID: 20100414135728-109

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

50.00

TOTAL This Period (last page this line number only)

9359.41

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A. Full Name (Last, First, Middle Initial) Adler for Congress	Transaction ID: 93195C78374220E1150 Date of Disbursement																				
Mailing Address 14 Knightswood Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	3		2	0	1	0												
City Marlton State NJ Zip Code 08053	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name John H. Adler	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
B. Full Name (Last, First, Middle Initial) Chris Lee for Congress	Transaction ID: D76E99E63FBA2DD4A9A Date of Disbursement																				
Mailing Address PO Box 15395	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	4		2	0	1	0												
City Rochester State NY Zip Code 14615	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Primary Candidate Name Christopher John Lee	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
Category/Type 011																					
C. Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee	Transaction ID: B294D3EE5673E6A232C Date of Disbursement																				
Mailing Address 430 South Capitol Street, SE 2nd Floor	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement 2010 Contribution Candidate Name Democratic Congressional Campaign Committee	<table border="1"> <tr> <td colspan="10">15000.00</td> </tr> </table>	15000.00																			
15000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Contribution																				
Category/Type 011																					
SUBTOTAL of Disbursements This Page (optional)	<table border="1"> <tr> <td colspan="10">17000.00</td> </tr> </table>	17000.00																			
17000.00																					
TOTAL This Period (last page this line number only)	<table border="1"> <tr> <td colspan="10"></td> </tr> </table>																				

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Evan Bayh Committee

Mailing Address 850 Fort Wayne Avenue

City Indianapolis State IN Zip Code 46204

Purpose of Disbursement
Uncashed November 2009 contributionCandidate Name
Evan Bayh011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District:

Transaction ID: 92961DF73B6531F3C05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	1	0

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

Grassley Committee Inc

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement
2010 PrimaryCandidate Name
Charles E. Grassley011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District:

Transaction ID: CA1D2A9AAADAD0716FC

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	0

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kevin McCarthy for Congress

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
2010 PrimaryCandidate Name
Kevin McCarthy011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: 154D6CBDC8E8FE6A4C1

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Long Leaf Pine Pac

Mailing Address 607 14th Street, NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2010 Contribution

Candidate Name
Long Leaf Pine Pac

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: CC9F48B17522469B36D

Date of Disbursement

03 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 Second Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2010 Contribution

Candidate Name
National Republican Senatorial Committee

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: B1AE47F306BE1421C3F

Date of Disbursement

03 / 18 / 2010

Amount of Each Disbursement this Period

15000.00

C.

Full Name (Last, First, Middle Initial)

New Democrat Coalition Political Action Committee Aka
Ndc Pac

Mailing Address 607 14th Street NW Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
2010 Contribution

Candidate Name
New Democrat Coalition Political Action Committee
Aka Ndc Pac

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Contribution

Transaction ID: 4969317E326C26C04FB

Date of Disbursement

03 / 18 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

21000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Pallone for Congress

Mailing Address PO Box 3176

City
Long Branch

State
NJ

Zip Code
07740

Purpose of Disbursement
2010 Primary

Candidate Name
Frank Pallone, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: F0B294C619D531A87C7

Date of Disbursement

03 / 18 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Schiff for Congress

Mailing Address 777 S. Figueroa St.
Suite 4050

City
Los Angeles

State
CA

Zip Code
90017

Purpose of Disbursement
2010 Primary

Candidate Name
Adam B. Schiff

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 29

Transaction ID: B1850F8F83E1B15CA0B

Date of Disbursement

03 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

41000.00